

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

10/533684

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42			/		/	
43				/		/
44				/		/
45				/		/
46				/		/
47				/		/
48				/		/
49				/		/
50				/		/
TOTAL IND.		↓	3	↓	3	↓
TOTAL DEP.		←	41	←	41	←
TOTAL CLAIMS			44		44	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		/
52				/		/
53				/		/
54				/		/
55				/		/
56				/		/
57				/		/
58				/		/
59				/		/
60				/		/
61				/		/
62				/		/
63				/		/
64				/		/
65				/		/
66				/		/
67				/		/
68				/		/
69				/		/
70				/		/
71				/		/
72				/		/
73				/		/
74				/		/
75				/		/
76				/		/
77			/		/	
78			/		/	
79			/		/	
80			/		/	
81			/		/	
82			/		/	
83			/		/	
84			/		/	
85			/		/	
86			/		/	
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						